

**ACORD™ CERTIFICATE OF LIABILITY INSURANCE**DATE (MM/DD/YY)  
09/30/04

<b>PRODUCER</b> <b>Dealey, Renton &amp; Associates</b> <b>P. O. Box 12675</b> <b>Oakland, CA 94604-2675</b> <b>510 465-3090</b>	<b>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.</b>	
	<b>INSURERS AFFORDING COVERAGE</b>	
	<b>INSURED</b> <b>LFR Inc.</b> <b>LFR Levine-Fricke Inc.</b> <b>1900 Powell Street, 12th Floor</b> <b>Emeryville, CA 94608</b>	
	<b>INSURER A: Commerce &amp; Industry Ins. Co.</b>	
	<b>INSURER B: American International Specialty Lin</b>	
		<b>INSURER C: American Automobile Ins. Co.</b>
		<b>INSURER D: American International Specialty Lin</b>
		<b>INSURER E:</b>

**COVERAGES**

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
<b>A</b>	<b>GENERAL LIABILITY</b>	<b>GL4177824</b>	<b>10/01/04</b>	<b>04/01/06</b>	EACH OCCURRENCE <b>\$1,000,000</b>
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	<b>This policy excludes claims arising out of the performance of professional services.</b>			FIRE DAMAGE (Any one fire) <b>\$300,000</b>
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) <b>\$5,000</b>
	<input checked="" type="checkbox"/> PD Ded:10,000				PERSONAL & ADV INJURY <b>\$1,000,000</b>
	<input checked="" type="checkbox"/> RR Cont.CG2417				GENERAL AGGREGATE <b>\$2,000,000</b>
	GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG <b>\$2,000,000</b>
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
<b>A</b>	<b>AUTOMOBILE LIABILITY</b>	<b>CA5053809</b>	<b>10/01/04</b>	<b>04/01/06</b>	COMBINED SINGLE LIMIT (Ea accident) <b>\$1,000,000</b>
	<input checked="" type="checkbox"/> ANY AUTO	BODILY INJURY (Per person) \$			
	<input type="checkbox"/> ALL OWNED AUTOS	BODILY INJURY (Per accident) \$			
	<input checked="" type="checkbox"/> HIRED AUTOS	PROPERTY DAMAGE (Per accident) \$			
	<input checked="" type="checkbox"/> NON-OWNED AUTOS				
	<b>GARAGE LIABILITY</b>				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
	<input type="checkbox"/>				AUTO ONLY: AGG \$
<b>B</b>	<b>EXCESS LIABILITY</b>	<b>UMB2677338</b>	<b>10/01/04</b>	<b>04/01/06</b>	EACH OCCURRENCE <b>\$5,000,000</b>
	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE	AGGREGATE <b>\$5,000,000</b>			
	<input type="checkbox"/> DEDUCTIBLE	\$			
	<input checked="" type="checkbox"/> RETENTION <b>\$10,000</b>	\$			
		\$			
<b>C</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	<b>WZP80925066</b>	<b>10/01/04</b>	<b>10/01/05</b>	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <b>\$1,000,000</b>
		E.L. EACH ACCIDENT <b>\$1,000,000</b>			
		E.L. DISEASE - EA EMPLOYEE <b>\$1,000,000</b>			
		E.L. DISEASE - POLICY LIMIT <b>\$1,000,000</b>			
<b>D</b>	<b>OTHER Professional &amp; Contractors Pollution Legal Liab</b>	<b>COPS1950096</b>	<b>10/01/04</b>	<b>04/01/06</b>	<b>\$5,000,000 per claim</b> <b>\$5,000,000 annl aggr.</b>

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

CERTIFICATE HOLDER

ADDITIONAL INSURED; INSURER LETTER: \_\_\_\_\_

CANCELLATION

\*\*\*\* SAMPLE\*\*\*\*

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL **30** DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

*Edith C. Bamour*